

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33018
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wilson Township</u>				c. CITY OR TOWN <u>Unionville R. F. D. No. 3</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville RFD No 3</u>				d. STREET ADDRESS <u>Wilson Township</u>			
3. NAME OF DECEASED (Type or print) First <u>Daisy</u> Middle <u>E.</u> Last <u>Schnelle</u>				4. DATE OF DEATH <u>Sept. 17, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 16, 1886</u>	
9. AGE (In years last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home.</u>		11. BIRTHPLACE (City and state or country) <u>Putnam County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13. FATHER'S NAME <u>James M. Tucker</u>			
14. MOTHER'S MAIDEN NAME <u>Mary Abbie Taylor</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>499-36-5185-B</u>				17. INFORMANT <u>Frank Schnelle</u> Address <u>Unionville, Mo. RFD No. 3</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Poisoning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Carcinoma of Lungs & Spleen</u> DUE TO (b) <u>Carcinoma of Lungs</u> DUE TO (c) <u>& Spleen</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>2002</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 year</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>4:40</u> Month <u>Sept</u> Day <u>17</u> Year <u>57</u> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Unionville, Missouri</u> COUNTY <u>Putnam</u> STATE <u>Missouri</u>					
21. I attended the deceased from <u>Aug 30 57</u> to <u>Sept 17 57</u> and last saw her <u>alive</u> on <u>Sept 17 57</u> Death occurred at <u>4:40 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or title) <u>W. L. Full</u>				22b. ADDRESS <u>Unionville, Missouri</u>		22c. DATE SIGNED <u>9/18/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/19/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lemons Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lemons, Missouri</u>	
24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> ADDRESS <u>Unionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Marcell D. ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John N. Comstock*
Licensed Embalmer No. 38

P. O. Address *Unionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.